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CONFIRMATION NO. 7495

SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
10/619,534	07/16/2003 RULE	602	3772	

APPLICANTS

Joseph Smith, Wellington, FL;

** CONTINUING DATA *****

This application is a CIP of 09/798,209 03/05/2001 PAT 6,776,769 and is a CIP of 10/227,654 08/26/2002 ABN
 and is a CIP of 11/029,160 02/05/2002
 and is a CIP of 10/928,913 02/05/2002 ABN

KML

** FOREIGN APPLICATIONS *****

None KML

IF REQUIRED, FOREIGN FILING

** SMALL ENTITY **

LICENSE GRANTED ** 10/16/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Dr. Joseph Smith
 1921 So. Club Drive
 Wellington, FL 33414

TITLE

Anatomically configured device for orthopedic support of the body

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Process Ext. of time)

RECEIVED 375	ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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